

Application Form

Morley College Access to Higher Education Programme

Please fill out **all sections** of this form **by hand**; **incomplete** or **typewritten** applications will **not** be **accepted**. Return by post to 2012-13 Applications, Access to HE Department, Morley College, 61 Westminster Bridge Road, London SE1 7HT.

| | | | |
|---|---|---|--|
| Surname / Family name: | | Title: Ms/Mr/Other | |
| First name: | | Other names: | |
| Known as: | | Date of Birth: | |
| Telephone number: | | Mobile number: | |
| Address: | | | |
| Postcode: | | Email: | |
| Course Applied for : (please tick one only) | | | |
| <input type="checkbox"/> Health and Human Science | <input type="checkbox"/> Music | <input type="checkbox"/> Social Work | |
| <input type="checkbox"/> Humanities | <input type="checkbox"/> Music Technology | <input type="checkbox"/> Pre-Access Health, Nursing, Midwifery | |
| <input type="checkbox"/> Media Studies | <input type="checkbox"/> Nursing | <input type="checkbox"/> Pre-Access Music & Music Technology | |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Social Science | <input type="checkbox"/> Pre-Access Humanities, Social Science/Work | |
| If you have a learning difficulty (e.g. dyslexia) or a physical disability, a medical condition or mental ill health, we would like to be able to support you to achieve on your course: | | | |
| Do you have any medical conditions or physical disabilities that might affect your ability to attend the course and/or study? | | | |
| | | | |
| Do you have any learning difficulties (e.g. dyslexia) | | | |
| | | | |
| Is there anything else you would like to tell us that would help us understand how best to support you? | | | |
| | | | |
| What childcare / family care arrangements will you need to make before undertaking this course? | | | |
| | | | |
| How did you hear about Access to HE courses at Morley College? | | | |
| <input type="checkbox"/> Course Guide | <input type="checkbox"/> Morley College Website | <input type="checkbox"/> Advertisement | |
| <input type="checkbox"/> I am an existing student | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Email | |
| <input type="checkbox"/> Floodlight | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other: _____ (please specify) | |
| <input type="checkbox"/> Hotcourses | <input type="checkbox"/> Local Press | | |

Why do you want to undertake an Access course and what skills do you have to help you succeed? (minimum 200 words). Please include which university degree you hope to go on and study after completing the Access programme.

Describe your current occupation or other activities, in particular give details of any experience you feel is relevant to the course you wish to study.

Describe any other work experience you have had, highlighting any aspects which directly relate to the course you wish to study.

Describe your free time activities / hobbies

School(s)/college(s) attended from age 14+ with dates

Qualifications achieved (N.B. If you do not have any formal qualifications this does not prevent you from undertaking an Access course)

| Qualification type and level e.g. GCSE, BTEC, City and Guilds etc. | Subject | Grade obtained | Date |
|---|----------------|-----------------------|-------------|
| | | | |
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Please continue on another page if you need to.

To which ethnic group do you belong? (please tick appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other Black background | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> White – Irish: |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Mixed – White & Asian | <input type="checkbox"/> White – Other |
| <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Mixed – White & Black African | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Mixed – White & Black Caribbean | <input type="checkbox"/> Do not wish to supply |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Mixed – Any other | |

What is your first language?